

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|  |  |
|--|--|
| 1. File Number U - <u>8098</u>   | 2. Fiscal Year Covered From:<br><u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>   |
| 3. Name and address of person filing.<br>Name <u>MCH</u> <u>F. LONERO</u><br>P.O. Box, Bldg., Room No., if any _____<br>Street <u>1930 SPRUCEWOOD CT</u><br>City <u>NAPERVILLE</u><br>State <u>IL</u> ZIP Code + 4 <u>60565-2845</u> | 4. Name, file number, and address of labor organization.<br>Name <u>CEMENT MASON'S UNION LOCAL NO 502</u><br>Labor Organization File Number <u>012-533</u><br>P.O. Box, Building and Room Number, if any _____<br>Street <u>739 S 25TH AVE</u><br>City <u>BELLWOOD</u><br>State <u>IL</u> ZIP Code + 4 <u>60104-1994</u> |
| 5. Position in labor organization. <u>WELFARE FUND TRUSTEE</u>   |  |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|  |  |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |  |
| 6. Name and address of Employer (including trade name, if any).<br>Name _____<br>Trade Name, if any: _____<br>P.O. Box, Bldg., Room No., if any _____<br>Street _____<br>City _____<br>State _____ ZIP Code + 4 _____                    | 7.a. Nature of Interest, Transaction, or Income.<br>_____<br>7.b. Amount.<br>_____ |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Rick F. Lonero

On

7-8-05

Date

630-416-8443

Telephone Number

|                       |               |                |
|-----------------------|---------------|----------------|
| Name of Person Filing | NICK F LONERO | File Number U- |
|-----------------------|---------------|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CEMENT MASONS INSTITUTE  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 739 S 25th Ave  
City BULLWOOD  
State IL ZIP Code + 4 60104-1994

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CEMENT MASONS LOCAL 502 LOCAL 502 FUND  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 739 S 25th Ave  
City BULLWOOD  
State IL ZIP Code + 4 60104-1994

11.a. Nature of such dealing.

TRUSTEE

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT FOR LOSS OF WAGES FOR ATTENDING TRUST MEETINGS

12.b. Amount.

1505.20

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

NICK F LONGRO

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ARNOLD AND KADJIAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 19 W JACKSON BLVD

City Chicago

State IL ZIP Code + 4 60604-3958

9. Business deals with:

- ☒ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CEMENT MASON'S LOCAL 503 TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 739 S 25TH AVE

City BELLWOOD

State IL ZIP Code + 4 60604-1994

11.a. Nature of such dealing.

TRUST FUND ATTORNEY

11.b. Approximate dollar value of such dealing.

106,996.00

12.a. Nature of interest held or income received.

CHRISTMAS PARTY

12.b. Amount.

140.78

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.